PINE MANOR HEALTH CARE CTR-FDD

1625 E MAIN ST

CLINTONVILLE	54929	Phone: (715) 823-3135		Ownership:	Corporation
Operated from 1/1	To 12/31	Days of Operation:	366	Highest Level License:	FDDs
Operate in Conjunc	tion with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set	Up and St	affed (12/31/04):	23	Title 18 (Medicare) Certified?	No
Total Licensed Bed	Capacity	(12/31/04):	23	Title 19 (Medicaid) Certified?	Yes
Number of Resident	s on 12/31	/04:	20	Average Daily Census:	21

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)	%					
Home Health Care No		Primary Diagnosis	%	Age Groups		Less Than 1 Year	0.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	5.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	95.0	Under 65	70.0	More Than 4 Years	95.0	
Day Services	Yes	Mental Illness (Org./Psy)	0.0	65 - 74	20.0			
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	10.0		100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	********	*****	
Adult Day Health Care Yes		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			- Nursing Staff per 100 Reside		
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	30.0			
Transportation	No	Cerebrovascular	0.0			RNs	5.0	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	9.3	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	5.0	Male	30.0	Aides, & Orderlies	55.5	
Mentally Ill	No			Female	70.0			
Provide Day Programming for			100.0			İ		
Developmentally Disabled	Yes			İ	100.0			

Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other		P	rivate Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				20	100.0	181	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	20	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		20	100.0		0	0.0		0	0.0		0	0.0		0	0.0		20	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents	' Condit	ions, Services,	and Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		20.0	80.0	20
Other Nursing Homes	0.0	Dressing	0.0		20.0	80.0	20
Acute Care Hospitals	0.0	Transferring	0.0		25.0	75.0	20
Psych. HospMR/DD Facilities	0.0	Toilet Use	0.0		25.0	75.0	20
Rehabilitation Hospitals	0.0	Eating	15.0		25.0	60.0	20
Other Locations	0.0	********	******	*****	******	********	******
Total Number of Admissions	0	Continence		8	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.0	Receiving R	Respiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	ıt of Bladder	95.0	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	it of Bowel	100.0	Receiving S	Suctioning	0.0
Other Nursing Homes	0.0				Receiving C	stomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving T	Tube Feeding	5.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	30.0	Receiving M	Mechanically Altered Diets	100.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resider	nt Characteristics	
Deaths	100.0	With Pressure Sores		0.0	Have Advanc	ce Directives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	2				Receiving F	sychoactive Drugs	80.0

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	=	FDD Cilities		All ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	91.3	93.1	0.98	88.8	1.03	
Current Residents from In-County	25.0	35.3	0.71	77.4	0.32	
Admissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00	
Admissions/Average Daily Census	0.0	20.4	0.00	146.5	0.00	
Discharges/Average Daily Census	9.5	28.3	0.34	148.0	0.06	
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00	
Residents Aged 65 and Older	30.0	16.0	1.87	87.9	0.34	
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51	
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00	
Developmentally Disabled Residents	95.0	99.2	0.96	6.0	15.74	
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00	
General Medical Service Residents	5.0	0.4	13.94	21.1	0.24	
Impaired ADL (Mean)*	87.0	55.0	1.58	49.4	1.76	
Psychological Problems	80.0	48.1	1.66	57.7	1.39	
Nursing Care Required (Mean)*	13.1	10.7	1.22	7.4	1.77	